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Application Data She	et 37 CFR 1 76	Attorney Docket Number		PHUS030431US					
Application bata one		Application	n Numbe	r					
Title of Invention MRI S	YSTEM WITH VARIA	BLE FIELD OF	VIEW MA	AGNET					
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City Uelzen			State	e/Provin	ce				
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Title of the Invention	MRI SYSTEM WIT	H VARIABLE F	FIELD OF	VIEW MA	AGNET				
Attorney Docket Number	PHUS030431US Small Entity Sta			ty Statu	y Status Claimed 🔲				
Application Type	Nonprovisional		<u> </u>						
Subject Matter	Utility								
Suggested Class (if any)			Sı	ıb Class	(if any)				
Suggested Technology C	enter (if any)		I						
Total Number of Drawing	Sheets (if any)	3	Sı	ınnester	d Figure	for Publicat	ion (i	f any)	

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Application Data Sheet 37 CFR 1.76				orney Docket Number PHUS030431US			US	
T-Pilottin Saturation of the filottin of the f		Applicatio	n Number					
Title of Invention MRI SYSTEM WITH VARIABLE FIELD OF VIEW MAGNET								
Publication Information:								
Request Early	Publica	ition (Fee required at	time of Re	quest 37 CFR 1.2	19)			
Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.								
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Prior Application		Abandoned				Remove		
Application Num	ber	Continuity ⁻	Гуре	Prior Applicati	on Number	Filing Da	Filing Date (YYYY-MM-DD)	
60/515614				2003-10		2003-10-30		
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Application Num	per	Country	/ ¹	Parent Filing Date (YYYY-MM-DD)			Priority Claimed	
PCT/IB04/052004	National C	WO	العداد المصا	2004-10-06 • Yes No				
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Assignee 1						Ren	nove	
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Application Data Sheet 37 CFR 1.76		Attorney Docket Number	PHUS030431US				
		Application Number					
Title of Invention	MRI SYSTEM WITH VARIA	YSTEM WITH VARIABLE FIELD OF VIEW MAGNET					
Organization Name Koninklijke Philips Electronics NV							
Mailing Address Information:							
Address 1 Groenewoudseweg 1							
Address 2							
City	Eindhoven	State/Provir	nce				
Country NL		Postal Code	5621 BA				
Phone Number		Fax Number					
Email Address		1	'				
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Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.							
Signature	/TML/			Date (YYYY-MM-DD) 2006-04-26			
First Name	Thomas	Last Name	Lundin	Registration Number	48979		

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